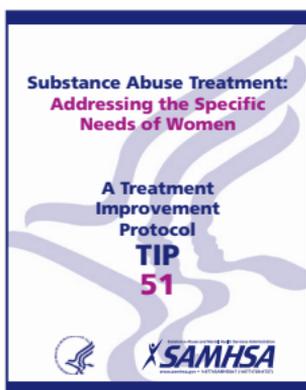


Quick Guide

For Administrators

Based on TIP 51

Substance Abuse Treatment:



Addressing the Specific Needs Of Women



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Addressing the Specific Needs
of Women*

WHY A QUICK GUIDE?

This Quick Guide accompanies the treatment improvement guidelines set forth in, *Substance Abuse Treatment: Addressing the Specific Needs of Women*, number 51 in the Treatment Improvement Protocol (TIP) series. It summarizes the how-to information pertinent to behavioral health program administrators, focusing on program development, procedures, and policies in addressing substance use disorders among women in behavioral health settings.

Users of this Quick Guide are invited to consult the primary source, TIP 51, for more information and a complete list of resources for addressing the needs of women who have substance use disorders. To order a copy or access the TIP online, see the inside back cover of this Guide.

DISCLAIMER: The opinions expressed herein are the views of the consensus panel members and do not necessarily reflect the official position of the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS). No official support of or endorsement by SAMHSA or HHS for these opinions or for the instruments or resources described are intended or should be inferred. The guidelines presented should not be considered substitutes for individualized client care and treatment decisions.

WHAT IS A TIP?

The TIP series provides professionals in behavioral health and related fields with consensus-based, field-reviewed guidelines on substance abuse treatment topics of vital current interest. The TIP series is published by SAMHSA and has been in production since 1991.

TIP 51, *Substance Abuse Treatment: Addressing the Specific Needs of Women:*

- Discusses women's patterns of substance use across a continuum from initiation of use through recovery.
- Identifies the physiological effects of alcohol, drugs, and tobacco on women.
- Focuses on specific screening, assessment, and treatment engagement, placement, and planning processes that support the unique constellation of women's issues.
- Highlights women's prevention issues and treatment needs across specific population groups and treatment settings.
- Synthesizes current knowledge, including science-based and best practices, to best address the biopsychosocial factors that influence treatment engagement, retention, and outcomes among women.

- Provides an overview of administrative considerations to support gender-responsive treatment for women.

Other TIPs of interest to readers include:

- TIP 25: *Substance Abuse Treatment and Domestic Violence*
- TIP 36: *Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues*
- TIP 42: *Substance Abuse Treatment for Persons With Co-Occurring Disorders*
- TIP 43: *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*
- TIP 48: *Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery*

Note: You may download TIPs and related products for free through the SAMHSA Store at <http://store.samhsa.gov>.

INTRODUCTION

Guidelines for Readers

This Quick Guide draws on ecological theory and the Center for Substance Abuse Treatment's (CSAT's) *Comprehensive Substance Abuse Treatment Model for Women and Children* (see Appendix B in the complete TIP). It is based on clinical practice and research centered on women. Rather than primarily comparing women with men, the knowledge, models, and strategies presented are grounded in women's experiences and their unique biopsychosocial and cultural needs.

The consensus panel recognizes that the realities of substance abuse treatment sometimes preclude implementing the wide array of services and programs recommended in this Quick Guide. Nevertheless, by presenting a variety of techniques for addressing the specific treatment needs of women, the panel hopes to increase sensitivity to these needs and options for improving treatment.

Terminology

Gender. This term is used not just as a biological category, but also as a social category; society or culture shapes the definition of gender and shapes the socialization of each woman.

Gender-responsive. The content, delivery, and cultural orientation of gender-responsive (or woman-centered) services address the needs and characteristics of each woman. Particular consideration is given to the selection and development of the treatment setting and environment, staff, program components, and administrative and clinical policies and procedures. Overall, gender-responsive services reinforce healthy attitudes, behaviors, and lifestyles while appreciating the unique challenges and strengths of each woman.

Substance abuse. The term “substance abuse” refers to both substance abuse and substance dependence (as defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*, American Psychiatric Association, 2000).

GENDER-RESPONSIVE TREATMENT PRINCIPLES

The principles articulated by the consensus panel are derived from research that highlights the distinctive characteristics and biopsychosocial issues associated with women in general and specifically with women who have substance use disorders.

These principles are as follows:

- **Acknowledge the importance and role of socioeconomic issues and differences among women.** Women's substance use and abuse should be framed in their socioeconomic contexts, including, but not limited to, employment, educational status, transportation, housing, literacy levels, and income.
- **Promote cultural competence specific to women.** Treatment professionals must understand the worldviews and experiences of women from diverse ethnic and cultural backgrounds, as well as the interactions among gender, culture, and substance use, to provide effective substance abuse treatment. Effective treatment depends equally on attention and sensitivity to the vast diversity among the female population, including overlapping identities of race, class, sexual orientation, age, national origin, marital status, disability, and religion.
- **Recognize the role and significance of relationships in women's lives.**

- **Address women's unique health concerns.** Women possess distinctive risk factors associated with onset of use, have greater propensity for health-related consequences from drug and alcohol consumption, exhibit higher risks for infectious diseases associated with drug use, and display greater frequency of various co-occurring disorders. Women who abuse substances are more likely to encounter problems associated with reproduction, including fetal effects from substance use during pregnancy, spontaneous abortion, infertility, and early onset of menopause.
- **Endorse a developmental perspective.** Generally, women experience unique life-course issues. One should consider age-specific and other developmental concerns starting with the assessment process and proceeding through continuing care and long-term recovery. Specific to women who abuse substances, these life-course issues, along with developmental milestones, influence their patterns of use, engagement in treatment, and recovery. Substance use and abuse affect women differently at different times in their lives.
- **Attend to the relevance and influence of various caregiver roles that women often assume throughout the course of their lives.** Regardless of substance abuse, women are more likely to assume primary caregiving responsibilities for their children, grandchildren, parents, and other

dependents. These roles may heavily influence a woman's willingness to seek help for substance abuse and also may interfere with her ability to fully engage in the treatment process or to comply with treatment recommendations.

- **Recognize that ascribed roles and gender expectations across cultures affect societal attitudes toward women who abuse substances.** Whether or not a woman neglects her role as a caregiver, engages in alcohol or drug-induced sexual activity, continues to use despite pregnancy, or uses sex to secure her next supply of drugs or alcohol, women with substance use disorders experience significant prejudice due to societal attitudes and stereotypes of women who drink and use drugs.
- **Adopt a trauma-informed perspective.** Current and past violence, victimization, and abuse greatly affect many women who abuse alcohol and drugs. Substance abuse treatment approaches need to help women find safety, develop effective coping strategies, and recover from the effects of trauma and violence.
- **Use a strengths-based model for women's treatment.** A strengths-based approach builds on the woman's strengths and uses available resources to develop and enhance resiliency and recovery skills, deepen her sense of competence, and improve the quality of her life. These strengths may include personality traits, abilities,

knowledge, cultural values, spirituality, and other assets; resources may involve supportive relationships and environments as well as professional support.

- **Incorporate an integrated and multidisciplinary approach to women's treatment.** Treatment needs to integrate current knowledge, research, theory, experience, and treatment models from diverse disciplines critical to understanding women and substance abuse treatment. Treatment providers must network and collaborate with other agencies to provide comprehensive case management and treatment planning to address the complexity of biopsychosocial and cultural issues that women may exhibit throughout treatment.
- **Maintain a gender-responsive treatment environment across settings.** Women with substance use disorders are more likely to remain in treatment settings that feel familiar and safe, include their children, use proactive case management, and foster supportive relationships across the continuum of care.
- **Support the development of gender competence specific to women's issues among clinicians, administrators, and other staff.** Administrative commitment and vigilance will ensure that staff members receive gender-specific training and supervision to promote the development of gender competence in providing services for women.

WOMEN'S BIOPSYCHOSOCIAL UNIQUENESS

Women with substance use disorders have unique biopsychosocial needs that should be addressed if their treatment is to be successful. The following information highlights these biological, psychological, social, and developmental factors.

Biological and Psychological

Women's physical responses to substances differ from those of men.

- Women have different physical responses to substances and typically display a quicker progression from initial use to the development of health-related problems.
- Women become intoxicated after drinking smaller quantities of alcohol than men. Women who drink are affected more by alcohol consumption due to higher blood alcohol concentrations, proportionately greater body fat, and less body water to dilute alcohol.
- Women develop substance use disorders and health-related problems in less time than do men, and this effect is known as telescoping.

Women with substance use disorders have greater susceptibility to as well as earlier onset of serious medical problems and disorders.

- From moderate to heavy use, drug and alcohol consumption increase specific health risks and physical disorders among women.
- Alcohol consumption increases risk for breast and other cancers, osteoporosis in premenopausal women, peripheral neuropathy, and cognitive impairment.
- Women develop cirrhosis and heart muscle and nerve damage with fewer years of heavy drinking than do men.
- Illicit drug use is associated with greater risk for liver and kidney diseases, bacterial infections, and opportunistic diseases.

Women who abuse substances have gynecological health issues and medical needs.

- Routine gynecological care is fundamental to the prevention or early detection of a variety of serious health problems among women with substance use disorders, including cervical, breast, and other cancers; HIV/AIDS; and other infectious diseases.
- Evidence supports the disruption substances cause in reproductive processes, such as the roles heavy alcohol use plays in infertility and drug use plays in menstrual cycles.

- In substance abuse treatment, many young and low-income women have never had a gynecological examination. Moreover, women over 40 with substance use disorders are less likely to have received a mammogram than other women of similar age.

In treating women of childbearing age who have a substance use disorder, pregnancy is a significant concern.

- Women who are abusing or are dependent on alcohol or other drugs may not realize they are pregnant.
- Women may mistakenly associate early signs of pregnancy as symptoms related to use of or withdrawal from substances.
- Often, women who are pregnant and using alcohol and illicit drugs do not begin prenatal care until well into their pregnancies, yet adequate prenatal care often defines the difference between routine and high-risk pregnancy and between good and bad pregnancy outcomes.
- Numerous medical concerns can result from substance use during pregnancy as well as from detoxification and the medications used to treat substance use disorders.

Women who abuse substances are more likely than other women to have co-occurring disorders.

- Women with substance use disorders are more likely to meet diagnostic criteria for mood disorders specific to depressive symptoms, agoraphobia with or without panic attacks, posttraumatic stress, and eating disorders.

Women who have substance use disorders are more likely to have been physically or sexually traumatized and subjected to interpersonal violence.

- A high proportion of women with substance use disorders have histories of trauma, often perpetrated by persons they both knew and trusted. These women may have experienced sexual or physical abuse or domestic violence, or they may have witnessed violence as children.
- Women who have been abused as children are more likely to report substance use disorders as adults.
- Physical and sexual dating violence are significant predictors of substance use.
- A reciprocal relationship exists between substance abuse and domestic violence; rates for one are higher in the presence of the other.

Social

Significant relationships and family history play integral roles in the initiation, pattern of use, and continuation of substance abuse for women.

- Women with alcohol use disorders are more likely than men to report having had alcohol-dependent parents, other alcohol-dependent relatives, and dysfunctional family patterns.
- Women are more likely to be introduced to and initiate alcohol and drug use through significant relationships, including boyfriends, spouses, partners, and family members.
- Women whose partners abuse substances exhibit greater substance use themselves, and they also have a higher incidence of substance use disorders.
- Women with substance use disorders are more likely to have intimate partners who also have substance use disorders.

Significant relationships and adult family members may substantially influence women's behavior associated with treatment seeking, support for recovery, and relapse.

- Women may have less support from family/partners than do men for seeking treatment.
- Women with alcohol problems are more likely to be left by their partners at the time of entry into treatment.

- Women's partners are less likely to stay with them after completion of treatment.
- Women are more likely to relapse due to interpersonal problems and conflicts, and relapse is more likely to occur in the presence of an unsupportive significant other.

For women, pregnancy, parenting, and child care influence alcohol and drug consumption and increase the likelihood of entering and completing substance abuse treatment.

- For many women, including those with substance use disorders, use of alcohol, tobacco, and/or illicit drugs significantly decreases after becoming aware of their pregnancy.
- It is common for women who abstained from alcohol, drugs, and tobacco during pregnancy to return to use after childbirth.
- If they are able to have their children in treatment, women are more likely to enter treatment, participate and stay in the program, and maintain abstinence.
- Women who are with their children in treatment have better treatment outcomes in major life areas than women who are without their children in treatment.
- Women in recovery see the support of their children as an essential ingredient for their recovery.

Women are more likely to encounter obstacles across the continuum of care as a result of caregiver roles, gender expectations, and socioeconomic hardships.

- Beyond pregnancy, women often assume many other caregiver roles that can significantly interfere with treatment engagement and regular attendance at treatment services.
- Of women who receive substance use treatment, about one third cannot cover treatment costs due to inadequate or nonexistent health insurance.
- Many female clients need transportation assistance; affordable, safe housing; and onsite child care and other services for their children.

Despite the unique challenges they face, women are more likely to engage in help-seeking behavior and to attend treatment after admission.

- Women with alcohol use disorders as well as drug use disorders of marked severity are at least as likely as men to initiate treatment.
- Once women are admitted to substance abuse treatment, they are at least as likely as men to participate and stay in treatment.

Women report more interpersonal stressful life events.

- Women report more interpersonal stress, whereas men report more legal and work-related stress.

- During the week prior to relapse and on the initial day of relapse, women report interpersonal problems and negative affect as key stressors.

Women often take different paths in accessing treatment for substance use disorders.

- Women are more likely than men to seek out physical and mental health treatment, including substance abuse treatment.
- Among women with substance use disorders, the most frequent source of referral to treatment is through self-referral; the next most frequent source is referral via the criminal justice system and other community referrals, including child protective services.

Women have unique client–counselor expectations and relational needs in treatment.

- Women are more likely to view relationship building as an essential treatment ingredient.
- Women are more likely to stay in treatment longer if they receive more intensive and individual care, can maintain their parenting role while in treatment, and stay within the same treatment services or maintain a connection with treatment providers throughout the continuum of services, including continuing care.

Women face unique types of discrimination related to substance abuse.

- Women who report not receiving or not perceiving a need for treatment attribute social prejudice as the primary reason.
- Some women fear negative consequences, including mandatory involvement with child protective services, loss of child custody, or other legal consequences if their substance abuse becomes known.

Developmental

Women experience unique life-course issues and events. Changes in physiology, emotional and social development, and cognitive capacity, as well as changes in social roles and expectations, have all been associated with substance abuse and its treatment.

Identity and gender expectations: The younger years

- During adolescence and young adulthood, young women are likely to face greater gender-based sociocultural expectations.
- The need to balance career endeavors—education, training, and employment—with caregiver responsibilities involving a woman's parents as well as her children is a major developmental task that is undertaken by women more often than men.

Caring for parents and partners

- More than 60 percent of caregivers are female.
- About 80 percent of informal elder care falls on family caregivers, and these caretaking responsibilities can last 10 years or more.
- Obstacles exist for women with substance use disorders—balancing the need to care for their parents and the need for their own substance abuse treatment.
- Women are more likely than men to outlive their partners.

The later years

- Substance abuse and dependence may exacerbate postmenopausal risks for coronary heart disease, osteoporosis, and breast cancer in women.
- Alcohol problems are ordinary events among the elderly, and estimates of the prevalence of heavy drinking or alcohol abuse range from 2 to 20 percent for this population.
- The etiology of elder substance use disorders is multifaceted, and spousal loss is one commonly cited factor.

PHYSIOLOGICAL EFFECTS OF SUBSTANCES IN WOMEN

Women experience negative physical consequences and complications from alcohol sooner and at lower levels of consumption than men. Evidence suggests that women progress significantly faster in developing dependence, organ damage, and diseases, even with much lower levels of alcohol consumption. Women are more likely to die many years earlier from alcohol abuse and dependence. For a complete list of disorders and diseases associated with alcohol use among women, see Clinical Activity on pages 44–45 of the complete TIP.

Research, although limited, suggests that women may be more vulnerable to the physiological effects of licit and illicit drugs and points to the existence of a gender-based vulnerability to the adverse consequences of substance dependence. Women report more severe psychiatric, medical, and employment complications than men, and there is evidence that women who use injection drugs are more susceptible to medical disorders and conditions. Similarly, women who use cocaine, heroin, or injection drugs have a heightened risk of developing herpes, pulmonary tuberculosis, and/or recurrent pneumonia.

Note to Administrators

- Because timely treatment for HIV/AIDS can virtually eliminate the chance of a pregnant woman passing the infection to her fetus, all women with substance use histories should have a screening for risky behavior as part of the admission process and an HIV/AIDS evaluation at the first sign of any possible pregnancy.
- Methadone maintenance treatment has been recommended as the only treatment for the management of opioid dependence during pregnancy because, when methadone is provided within a treatment setting that includes comprehensive care, obstetric and fetal complications (including neonatal morbidity and mortality) can be reduced.
- Maternal alcohol use during pregnancy contributes to a wide range of effects on exposed offspring known as fetal alcohol spectrum disorders (FASDs). FASDs are characterized by abnormal facial features, growth deficiencies, and central nervous system problems. Symptoms can include hyperactivity and attention problems, learning and memory deficits, and problems with social and emotional development. Despite alcohol-related birth defects being completely preventable, FASDs are the most commonly known nonhereditary causes of developmental disabilities.

USING PATTERNS OF USE AS AN ADMINISTRATIVE GUIDE IN PROGRAM DEVELOPMENT

- Foremost, it is important to remember that women are as likely as men to become addicted to alcohol and drugs if given an opportunity. By making an assumption that women are less likely to have substance use disorders, important information may not be obtained in the screening and assessment process, thus leading to misdiagnosis or underdiagnosis.
- Depending on the specific drug class, some women may have considerable concerns regarding potential weight gain if they enter treatment and establish abstinence. Among women, weight loss is more likely to be seen as a major benefit in continuing drug use.
- In assessing risk factors or potential triggers for relapse, note that the initial reasons for use may be the same reasons for relapse, even if initial use occurred many years ago. It is important for administrators to be prepared to address premature termination of treatment and establish an intervention plan tailored to address these initial reasons for use.
- Women are socialized to assume more caregiver roles and to focus attention on others. Even if a woman has not appropriately cared for others (such as her children) during her addiction,

it does not mean that she will not see this as an important issue immediately upon entering a detoxification or treatment program. Instead of assuming that female clients' worries and tendency to be other-focused is a detriment or an issue of resistance for treatment, use their ability to be other-focused as a tool in developing motivation for recovery. Assuming that a woman is resistant to treatment because she is other-focused in the program is a form of gender bias. Women are socialized to think about others.

- Because substance abuse tends to run in families, a woman's parents and children as well as her partner need to be considered in planning treatment.
- A partner's substance use and attitudes toward substance use can influence a woman's substance use. Consequently, administrators need to develop and incorporate policies and procedures that support family involvement from the onset. Beginning with initial contact, staff members need to convey the importance of family involvement and the program's expectations regarding the necessity of family participation.
- Remember to assess for personality traits that are more conducive to substance abuse among women, namely sensation seeking.
- Trauma is both a risk factor for and a consequence of substance abuse. Women with histories of trauma may be using substances to self-

medicate symptoms. Subsequently, interventions should be immediately put into place to help build coping strategies to manage strong affect, including relaxation training and other anxiety management skills.

- From the outset, administrators need to be aware of the potential, frequency, and impact of co-occurring disorders among women with substance use disorders, especially mood, anxiety, and eating disorders. Administrators need to develop policies and procedures to address co-occurring issues, including screening, assessment, and referral processes. They need to secure funding and endorse programs that are effective with various populations, such as trauma-informed services and culturally responsive programs.

BARRIERS TO TREATMENT ENGAGEMENT

Women have identified multiple factors as barriers to entering treatment, to engaging and continuing with treatment services across the continuum of care, and in maintaining connections with community services and self-help groups that support long-term recovery. At the outset, barriers may exist on several levels. Following are some examples of the types of barriers women may encounter.

Intrapersonal (Individual Factors)

- Anticipation of not being able to use substances to cope with stress, to manage weight, or to deal with symptoms associated with mental disorders, which creates considerable apprehension in making a commitment to treatment
- Feelings of guilt and shame regarding use and behavior associated with use
- Fear of losing custody of children upon admitting the substance problem or seeking treatment
- Difficulties in accessing treatment, securing appropriate services, and coordinating medical and substance abuse treatment needs

Interpersonal (Relational Issues)

- Women are usually the primary caregivers of children as well as of other family members; they

are often unable or not encouraged to enter and remain in treatment.

- Women are particularly vulnerable to losing their partner upon entering treatment.

Structural (Program Characteristics)

- Few treatment facilities offer groups or programs for pregnant or postpartum women.
- Few residential programs allow mothers to have their children with them, and outpatient programs often do not provide services for children or child care.
- Few programs can simultaneously combine the necessary prenatal care with substance abuse treatment and services for older children.
- Women may have to travel with their children and use public transportation to reach treatment agencies; this can be a hindrance for women in rural areas and for those who have limited income.

Sociocultural

- Women are more likely to gain awareness of substance abuse treatment and to initiate contact with treatment providers if outreach services are implemented.
- Women worry about being viewed as irresponsible or neglectful “bad mothers” if they admit to substance abuse or dependence; this fear can interfere with help-seeking behavior.

- Women in some cultural groups experience more negative attitudes toward their substance use in general and may have more difficulty engaging in help-seeking behavior and treatment services based on gender roles and expectations.

Systemic (Larger Systems, Policies, and Laws)

- Many women in need of treatment are involved in multiple social service systems; services may be fragmented, requiring a woman to negotiate a maze of service agencies to obtain assistance for housing, transportation, child care, substance abuse treatment, vocational training, education, and medical care.
- In entering treatment, women sometimes risk losing public assistance.
- Women who have substance use disorders often fear legal consequences.

TREATMENT ENGAGEMENT: THREE CORE TREATMENT STRATEGIES IN PROGRAM DEVELOPMENT

Strategy 1: Provide Outreach Services

- Identify a woman's most urgent concerns and address those first, until she is ready to take on other issues.
- Programs that address domestic violence, HIV/AIDS, or crisis intervention can be a vital conduit for helping women take the first step in connecting to substance abuse services.
- Empathize with her fears and resistances while helping her follow through on commitment.
- Help women negotiate the human service system, particularly when the decision to seek treatment is stymied by the lack of adequate, appropriate, or accessible programs.

Strategy 2: Conduct Pretreatment Intervention Groups

- Prevent more significant alcohol- and drug-related consequences through early identification and intervention.
- Provide personalized or structured feedback to clients about their alcohol and drug use.
- Offer information about available treatment services and treatment processes.

- Use strategies that enhance motivation, decrease alcohol and drug use, and address certain psychosocial barriers.

Strategy 3: Offer Comprehensive Case Management

- Bridge the gap between services and agencies via comprehensive case management.
- Match services to the client's needs rather than forcing the client to fit into the specific services offered by an agency.
- Serve several functions and provide an array of services for the client, including outreach, needs assessment, planning, resource identification, service linkages, monitoring and ongoing assessment, and client advocacy.
- Know that women assigned to intensive case management have significantly higher levels of substance abuse treatment initiation, engagement, and retention; high alcohol and drug abstinence rates; and longer lengths of abstinence. They also tend to access a greater variety of services.

For a complete list of services needed in women's substance abuse treatment, see Figure 5-3 on page 93 of the complete TIP.

CHARACTERISTICS OF TREATMENT ADMISSIONS AMONG WOMEN

- Women are less likely to report alcohol as their primary substance of abuse than men. Although alcohol is still the primary substance of abuse, women are more likely than men to be in treatment for drug use.
- Women who enter treatment are more likely to identify stress factors as their primary problem rather than substance use.
- Women exhibit more severity of and problems related to substance use upon entering substance abuse treatment, including medical and psychological problems.
- Women constitute about 30 percent of admissions for substance abuse. Depending on treatment level, admission rates vary from 29 percent in hospital inpatient facilities to 39 percent in outpatient methadone programs.
- Women are admitted in notable proportions for all types of prescription and over-the-counter drug abuse: 47 percent for prescription narcotics, 44 percent for prescription stimulants, 50 percent for tranquilizers, 51 percent for sedatives, and 42 percent for over-the-counter medications.
- Approximately 4 percent of women admitted to substance abuse treatment are pregnant at the time of admission.

CULTURALLY AND GENDER-RESPONSIVE POLICIES AND PROCEDURES: CONSIDERATIONS IN SCREENING AND ASSESSMENT

- Foremost, instruments should be selected that have been adapted and tested on women in specific cultural groups and special populations.
- Interviews should be conducted in a client's preferred language by trained staff members or an interpreter from the woman's culture. It is important to remember that many instruments have not been tested on women across cultural groups; caution should be taken in interpreting the results. Administrators need to explore whether or not there are other instruments that may be more suitable to address specific evaluation and program needs.
- Treatment program administrators can ask community members, professionals, and other treatment staff from culturally diverse communities to assist in tailoring screening and assessment processes and protocols for their clients.
- Self-administered tools may be more likely to elicit honest answers; this is especially true regarding questions related to drug and alcohol use. Face-to-face screening interviews have not always been successful in detecting alcohol and drug use in women.

- Considering the devastating impact of substances on the developing fetus, routine screening for drug, alcohol, and tobacco use among pregnant women is imperative.
- Because women are twice as likely as men to experience mood and anxiety disorders, all women entering substance abuse treatment should be screened for co-occurring mental disorders. If the screening indicates the possible presence of a disorder, the woman should be referred for a comprehensive mental health assessment and receive treatment for the co-occurring disorder, as warranted.
- Because certain drugs as well as withdrawal symptoms can mimic symptoms of mental disorders, the continual reassessment of mental illness symptoms is essential to ensure accurate diagnosis and treatment planning.
- Historically, women have not been routinely screened for a history of trauma or assessed to determine a diagnosis of posttraumatic stress disorder (PTSD) across treatment settings. Among women in substance abuse treatment, it has been estimated that 55 to 99 percent have experienced trauma—commonly childhood physical or sexual abuse, domestic violence, or rape. Numerous screening and assessment tools are available to assess lifetime traumatic events, traumatic stress symptoms, and diagnostic criteria for PTSD.

- Eating disorders have one of the highest mortality rates of all psychological disorders. Approximately 15 percent of women in substance abuse treatment have had an eating disorder diagnosis in their lifetimes. Screening for eating disorders in substance abuse treatment is based on the assumption that identification of an eating disorder can lead to earlier intervention and treatment, thereby reducing serious physical and psychological complications and decreasing the potential risk for relapse to manage weight.
- Women develop serious medical problems earlier in the course of alcohol use disorders than do men. Women should be encouraged to seek medical treatment early to enhance their chances of recovery and to prevent serious medical complications. Health screenings and medical examinations are essential in women's treatment.

Core Screening and Assessment Domains

- Substance abuse
- Pregnancy considerations
- Immediate risks related to serious intoxication or withdrawal
- Immediate risks for self-harm, suicide, and violence
- Past and present mental disorders, including PTSD and other anxiety disorders
- Past and present history of violence and trauma, including sexual victimization and interpersonal violence
- Health screenings, including HIV/AIDS, hepatitis, tuberculosis, and sexually transmitted diseases

For detailed information on screening and assessment tools that can address each of these domains, see pages 60 through 81 in the complete TIP.

Advice to Administrators
**General Guidelines for Selecting and
Using Screening and Assessment Tools**

- What are the goals of screening and assessment?
- Is the screening and assessment process appropriate for the particular setting with women?
- What costs are associated with the screening process (e.g., training, buying the screening/assessment instruments or equipment, wages associated with giving and scoring the instrument, time spent providing feedback to the client and establishing appropriate referrals)?
- What other staff resources are needed to administer and score the instrument, interpret the results, review the findings with the client, arrange referrals, or establish appropriate services to address concerns highlighted in the screening and assessment process?
- Although screening measures can be completed in just a few minutes, positive screenings involve more work. Do staff members understand the need for and the value of the additional work? Did you prepare and train staff? What strategies did you employ to obtain staff or administrative buy-in? What other obstacles have you identified if the screening is implemented? Have you developed strategies to target those specific obstacles?

Advice to Administrators

General Guidelines for Selecting and Using Screening and Assessment Tools (continued)

- Do you have a system in place to manage the results of the screening and assessment process?

Note: Although formal assessment tools are consistently used in research associated with substance use disorders, treatment providers and counselors are less likely to use formalized tools and more likely to use only clinical interviews. The standardization of formal assessment measures offers consistency and uniformity in administration and scoring. If the implementation of these tools is not cost prohibitive and staff members follow administration guidelines, formal assessment tools can be easily adopted regardless of diverse experience, training, and treatment philosophy among clinicians. Using psychometrically sound instruments can offset clinical bias and provide more credibility with clients.

SERVICES NEEDED IN WOMEN'S SUBSTANCE ABUSE TREATMENT

The following services are recommended by the consensus panel and reinforced by some State standards, and these services may be warranted across the continuum of care, beginning with early intervention and extending to continuing care services. More than ever, services need to be tailored to women's needs and to address the specific hardships they often encounter in engaging treatment services. Promising practices designed to treat women with substance use disorders include comprehensive and integrated clinical and community services that are ideally delivered at a one-stop location. Note: This list does not incorporate the customary services that are provided in standard substance abuse treatment, but rather services that are more reflective of women's needs.

Medical Services

- Gynecological care
- Family planning
- Prenatal care
- Pediatric care
- HIV/AIDS services
- Treatment for infectious diseases, including viral hepatitis
- Nicotine cessation treatment services

Health Promotion

- Nutritional counseling
- Educational services about reproductive health
- Wellness programs
- Education on sleep and dental hygiene
- Education about STDs and other infectious diseases (e.g., viral hepatitis, HIV/AIDS)
- Preventive healthcare education

Psychoeducation

- Sexuality education
- Assertiveness skills training
- Education on the effects of alcohol and drugs on prenatal and child development
- Prenatal education

Gender-Specific Needs

- Women-only programming (e.g., is the client likely to benefit more from a same-sex versus mixed-gender program due to trauma history, pattern of withdrawal among men, and other issues?)
- Specific services to meet the needs of lesbian, bisexual, and transgender women

Cultural and Language Needs

- Culturally appropriate programming
- Availability of interpreter services or treatment services in clients' native languages

Life Skills

- Money management and budgeting
- Stress reduction and coping skills training

Family- and Child-Related Services

- Childcare services, including homework assistance in conjunction with outpatient services
- Children's programming, including nurseries and preschool programs
- Family treatment services, including psychoeducation surrounding addiction and its impact on family functioning
- Couples counseling and relationship enrichment recovery groups
- Parent/child services, including age-appropriate programs for children and education for mothers about child safety; parenting education; nutrition; children's substance abuse prevention curriculum; and children's mental health needs, including recreational activities, school, and other related activities

Comprehensive Case Management

- Linkages to welfare system, employment opportunities, and housing
- Integration of stipulations from child welfare, Temporary Assistance for Needy Families (TANF), probation and parole, and other systems
- Intensive case management, including case management for children

- Transportation services
- Domestic violence services, including referral to safe houses
- Legal services
- Assistance in establishing financial arrangements or accessing funding for treatment services
- Assistance in obtaining a General Educational Development diploma or further education, career counseling, and vocational training, including job readiness training to prepare women to leave the program and support themselves and their families
- Assistance in locating appropriate housing in preparation for discharge, including referral to transitional living or supervised housing
- Services to accommodate women receiving methadone or buprenorphine treatment

Mental Health Services

- Trauma-informed and trauma-specific services
- Eating disorder and nutrition services
- Services for other co-occurring disorders, including access to psychological and pharmacological treatments for mood and anxiety disorders
- Children's mental health services

Disability Services

- Resources for learning disability assessments
- Accommodations for specific disabilities
- Services to accommodate illiteracy

Staff and Program Development

- Strong female role models in terms of both leadership and personal recovery
- Peer support
- Adequate staffing to meet added program demands
- Staff training and gender competence in working with women
- Staff training and program development centered on incorporating cultural and ethnic influences on parenting styles, attitudes toward discipline, children's diet, level of parenting supervision, and compliance with medical treatment
- Flexible scheduling and staff coordination
- Adequate time for parent-child bonding and interactions
- Administrative commitment to addressing the unique needs of women in treatment
- Staff training and administrative policies to support the integration of treatment services with clients on methadone maintenance
- Culturally appropriate programming that matches specific socialization and cultural practices for women (see the Note to Administrators on page 44)

TREATMENT QUALITY AND EFFECTIVENESS: CHIEF CONSIDERATIONS

Women who are in treatment for substance use disorders are more likely to benefit from programs that:

- View treatment as a collaboration of equal partners.
- Actively involve clients/consumers in all aspects of service delivery, including treatment planning, program design and implementation, and evaluation.
- Honor client/consumer direction, participation, and empowerment.
- Value a supportive, safe, and nurturing treatment environment.
- Recognize that the safety of children often is a chief concern and one of the principal barriers to treatment engagement and retention for parents—especially women. Even if women do not have custody of their children, they often are the ones who continue to care for them.
- Engage in supportive therapies rather than other types of therapeutic approaches.
- Provide less aggressive treatment approaches based on awareness, understanding, and trust.
- Offer women-only groups that specifically provide more gender-responsive services.

- Provide access to various services in one location.
- Offer greater intensive care (specifically residential treatment) and treatment services that include individual counseling.
- Have the ability to provide children's services so that women can keep their children with them while in treatment.
- Maintain connections with clients throughout treatment and during step-down transitions from more to less intensive treatment.

Note to Administrators

Preliminary data support that integrated trauma-focused interventions for women in substance abuse treatment programs appear to be safe, thus presenting no differences in adverse mental disorder and substance abuse symptoms or events in comparison with standard care. So often, clinicians and administrators fear and hold the misperception that addressing trauma-related issues is counterproductive and produces deleterious effects on women in substance abuse treatment. Although the selection of services and the planning of how these services are delivered is important in maintaining the integrity of care for the client, integrated trauma-focused interventions are not only a viable option, but also an essential component of treatment for women with substance use disorders.

- Provide women who have co-occurring disorders with comprehensive coordinated services using an integrated treatment model.
- Screen and assess for trauma as a standard practice for women in treatment for substance use disorders.
- View services as long term, suggesting a range of continuing care services and peer support, such as 12-Step programs, group therapy, or women's support groups.
- Provide administrative and clinical supervision and embrace a trauma-informed model of consultation.

Allowing children to accompany their mothers to a residential program has a positive effect on treatment engagement, retention, and recovery.

PROGRAM DEVELOPMENT AND STAFF TRAINING CONSIDERATIONS FOR DIVERSE POPULATIONS

Hispanic/Latina Women

Program development

- Generate a program philosophy that supports personal growth and empowerment within a cultural and family context.
- Develop linkages with other community resources and case management to help with legal issues, education, job training, domestic violence, medical care, housing, and other support systems.
- Plan for interpreter services and develop access to bilingual providers.
- Adopt acculturation assessment tools that include information on migration patterns, acculturation level, experiences, stress, country of origin, and specific endorsement of Hispanic/Latina values.
- Develop and provide psychoeducational family programs.

Staff training

- Provide culturally responsive staff training that promotes an understanding of:
 - Common Hispanic/Latina cultural beliefs, worldview, customs, spirituality, and religion.

- The possible relational needs of many Hispanics/Latinas.
- The centrality of family and knowledge of approaches for incorporating family in treatment.
- The immigration experience and effects of acculturative stress on many Hispanics/Latinas' roles, responsibilities, family life, substance abuse, and recovery.

African American Women

Program development

- Use elements of African American heritage or adopt an Afrocentric perspective to provide a more culturally responsive treatment program.
- Create program policies and procedures that support rather than limit family and community involvement.
- Develop treatment strategies that strengthen a sense of community within the treatment program and create avenues to broaden this sense of community beyond the program (e.g., provide outreach activities, invite community members to treatment graduation exercises).
- Invest in workforce development for African American staff.

Staff training

- Provide culturally responsive staff training that promotes an understanding of:
 - African American history and heritage.
 - The role of racism and discrimination in stress-related health issues and substance abuse.
 - The potential role and importance of spirituality in recovery.
 - Various African traditions and beliefs and resources to support an Afrocentric perspective with the client.
 - The value and necessity of outreach services to the African American community.

Asian American and Pacific American Women

Program development

- Use a psychoeducational model as an integral ingredient in treatment.
- Consider the appropriateness of home visits to engage families from the outset prior to individual treatment services.
- Incorporate native language services or community resources (e.g., interpreter services).
- Provide separate treatment groups for women to reduce restrictions imposed by gender role expectations.
- Develop a psychoeducational family treatment program to support the individual in relation to her family and to provide education regarding addiction.

- Implement a lecture series that addresses both Western and traditional concepts of disease and treatment.
- Consider the adaptation of a peer-to-peer support group to establish or support culturally appropriate individual and community supports for recovery.

Staff training

- Provide culturally responsive staff training that promotes an understanding:
 - Of the diversity of Asian and Pacific American women and of the relevance of cultural, language, and socioeconomic barriers.
 - Of the role of acculturation in alcohol and drug use practices.
 - That reporting substance abuse problems can be a significant source of shame for a woman and her family and can be perceived as hurtful toward family.
 - Of the importance of “otherness” and the relevance of community and family in the perception of self-identity as a woman.
 - That family is central, along with the maintenance of family obligations.
 - That individuals who engage in socially frowned-upon behaviors, such as drug abuse, may experience significant consequences from their families and communities.

- That traditional gender roles are often restrictive and influenced by generational and acculturation levels.
- That communication is more likely to follow a hierarchy whereby elders are respected.

Native American Women

Program development

- Take time to invest in the individual female client's Native community and learn its perceptions toward non-Native counselors.
- Use treatment as a prevention opportunity for FASDs. Provide an interactive program that not only educates women on the cause and prevalence of FASDs, but also provides an understanding of the behavioral effects that are often associated with these disorders.
- Incorporate comprehensive HIV/AIDS prevention and intervention services into treatment.
- Adopt trauma-informed services and consider an integrated model of specific services for substance use disorders and trauma.
- Combine contemporary approaches with traditional/spiritual practices (e.g., medicine wheel, smudging, sweat lodge ceremony, talking circle).
- Implement a skills training program to help Native American clients learn how to successfully navigate both traditional and majority cultures after treatment.

Staff training

- Promote an understanding of the role of historical and intergenerational trauma as well as cultural oppression along with its impact on Native American clients and its role in substance abuse.
- Provide learning opportunities that highlight the nature, history, and diversity of American Indian and Alaska Native communities.
- Address biases and myths associated with Native American clients (e.g., firewater myth).
- Invest in learning the various and specific cultural patterns in coping with stress that may be unique to the specific community or Tribe.
- Review and discuss the prevalence of HIV/AIDS, FASDs, suicide and violence, and other health-related risks among Native American communities.
- Use local Tribal members as resource people in training and as staff members in treatment programs.

Lesbian and Bisexual Women

Program development

- Consider a specialized group that addresses issues unique to women who are lesbian, bisexual, or transgender and in recovery.
- Implement policies that address the potential woman-to-woman sexual relationships that can develop in residential treatment (similar to man-to-woman relationship policies in treatment).

- Incorporate educational components in treatment that address relevant legal issues and the inherent issues that may arise in addressing medical, child custody, and financial needs.

Staff training

- Provide education on the multiple risk and protective factors that may either increase or buffer risk for substance use disorders.
- Impart knowledge about legal issues, including living wills, powers of attorney, advance directives, and restrictions imposed by The Health Insurance Portability and Accountability Act, as well as a referral base to secure these services.
- Address myths and stereotypes associated with gender roles and sexual behaviors, including the possible assumption that women who are lesbian, bisexual, or transgender and in relationships play either male or female roles, or that they are hypersexual or promiscuous. It is important for staff to recognize that these relationships maintain the same patterns of stability and sexual behavior as heterosexual relationships.
- Review supportive strategies in assisting clients in determining whether or not to self-disclose sexual orientation in treatment.
- Ensure that staff members understand the impact of prejudice associated with women who identify as lesbian, bisexual, or transgender.
- Review the “coming out” process and the stages of identity.

Older Women

Program development

- Create access to treatment through nontraditional delivery (e.g., home-based or mobile community services).
- Provide educational programs on metabolism and interaction of alcohol and drugs, particularly prescription medications, at senior citizen centers.
- Create addiction treatment services or programs designed for older adults only.
- Provide home services or develop a one-stop multidisciplinary program that provides needed healthcare and nutritional services, psychoeducational groups, financial services, transportation, counseling, and so forth.

Staff training

- Review the more common signs of drug misuse among older women, including mental and physical symptoms as well as suspicious requests for refills.
- Provide an introduction to prescription drugs with emphasis on the physiological effects of anxiolytics and sedative hypnotics.
- Provide education on the physiological impact of alcohol and drug intake among older women.
- Emphasize the heightened alcohol sensitivity among women and the increased vulnerability among older women.

- Explore the relationship between alcohol problems and higher rates of depression and prescription drug use.
- Address the need for and roles of multidisciplinary treatment to ensure quality of care for older women in substance abuse treatment.

Women in Rural Areas

Program development

- Develop partnerships among other local agencies and neighboring communities to share resources to aid in the delivery of services in remote areas.
- Develop a center that houses a network of services, including health, mental health, substance abuse, and other social services.
- Develop a screening, assessment, and referral service for substance use disorders within the TANF program.
- Provide services that support substance abuse treatment attendance, including child care, transportation, and mobile treatment.
- House support groups in the treatment facility, and consider providing or subsidizing transportation as a means of continuing care support.
- Create professional training, network activities, and opportunities for staff members to decrease feelings of isolation and staff turnover and to invest in workforce development.

- Develop psychoeducational community programs to help reduce alcohol and nicotine use during pregnancy.
- Consider the use of telecounseling services in rural areas for assessment, pretreatment, counseling, and/or follow-up services.
- Develop outreach services to address substance use and abuse issues among the aging population of rural women.

Staff training

- Emphasize the prevalence of social shame among rural women who have substance use disorders.
- Discuss the cultural issues that may support a reluctance to seeking treatment outside of the immediate community.
- Review the challenges of anonymity in small communities, the strategies that can enhance privacy, and the need to address and ensure confidentiality in treatment.
- Examine the potential hidden attitudinal barriers among women seeking substance abuse treatment, including distrust of the “system,” expectation of failure, and positive beliefs regarding the benefits of alcohol and/or drug use.

STATE STANDARD EXAMPLES OF GENDER-SPECIFIC TREATMENT

To provide general guidance in establishing and providing services for women, administrators benefit from reviewing available State standards or protocols for women, pregnant women, and women and children programs for substance abuse treatment. The following list provides examples of State standards of gender-specific treatment across the continuum of care.

Treatment Approach

- A relational or cultural approach that focuses on the relevance and centrality of relationships for women must be a vital ingredient in treatment.
- Selected treatment approaches shall be grounded in evidence-based or best practices for women.

Screening/Assessment

- Screening and assessments shall involve the use of tools, including the Addiction Severity Index and Stages of Change/Readiness Assessment.
- Assessments shall evaluate barriers to treatment and related services.
- Assessment and documentation of a client's need for prenatal care shall be included in the assessment process.

- History and assessment of interpersonal violence shall be evaluated.
- Sensitivity to retraumatization must be taken into consideration in the assessment process.
- Assessment shall be a collaborative process across agencies.

Treatment Planning

- Planning shall include participation of significant others and other agencies (e.g., child welfare, correction, other social service agencies).

Treatment Programs

- Emotional and physical safety of women shall take precedence over all other considerations in the delivery of service.
- Women-only therapeutic environments shall be made available.
- Treatment shall include psychoeducation on the impact of gender on development and functioning in society.
- Treatment must be strengths-based.

Treatment Services

- Prenatal and childcare services must be provided.
- Treatment shall include smoking cessation strategies and programs.
- Services shall include child safety, parenting, and nutrition services.

- Wraparound and integrated interagency and intra-agency services must be an integral part of treatment delivery services.

Trauma-Informed and Integrated Trauma Services

- Treatment considerations shall incorporate an understanding of the way symptoms of trauma affect treatment and progress in treatment and of the relationships among counselor, program, and client.

Co-Occurring Disorders

- Treatment must include symptom management strategies.
- Services for mental health and substance abuse treatment shall be integrated and coordinated.

Staffing

- The program must provide gender-specific staff.
- Treatment services shall involve a majority of women as staff members.

Support Systems

- The program shall make use of peer supports.
- Referrals shall be made to female-dominated support groups where available.

Staff Training

- Formal staff training in women’s treatment needs must include family counseling, trauma-informed services, prenatal education, and so forth.

Program Evaluation

- The program must measure short- and long-term impact of interventions, including educational attainment, employment, housing, parenting and reunification with children, and physical and mental health.

***Guidance to States* Treatment Standards for Women With Substance Use Disorders**

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) created a comprehensive document, *Guidance to States: Treatment Standards for Women With Substance Use Disorders*, to assist States in creating their own treatment standards for women with substance use disorders. It provides a summary of existing State standards and incorporates other relevant resources pertinent to women’s treatment needs across multiple service systems (NASADAD, 2008; http://www.nasadad.org/resource.php?base_id=1482).

Ordering Information

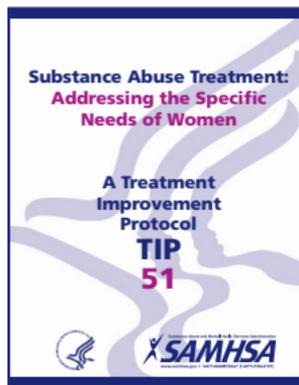
TIP 51 *Substance Abuse Treatment: Addressing the Specific Needs of Women*

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Other HHS products that are relevant to this Quick Guide:

- TIP 25:** *Substance Abuse Treatment and Domestic Violence (SMA 12-4076)*
- TIP 36:** *Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues (SMA 12-3923)*
- TIP 42:** *Substance Abuse Treatment for Persons With Co-Occurring Disorders (SMA 13-3992)*
- TIP 43:** *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs (SMA 08-4214)*
- TIP 48:** *Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery (SMA 13-4353)*

See the inside back cover for ordering information for all TIPs and related products.

